

1Pw

## TRANSMITTAL FORM

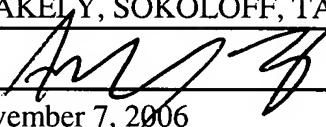
(to be used for all correspondence after initial filing)

|                                          |   |                        |                           |
|------------------------------------------|---|------------------------|---------------------------|
|                                          |   | Application No.        | 10/603,536                |
|                                          |   | Filing Date            | June 25, 2003             |
|                                          |   | First Named Inventor   | Kalpesh Dhanvantrai Mehta |
|                                          |   | Art Unit               | 2189                      |
|                                          |   | Examiner Name          | Behzad Peikari            |
| Total Number of Pages in This Submission | 6 | Attorney Docket Number | 42P16391                  |

### ENCLOSURES (check all that apply)

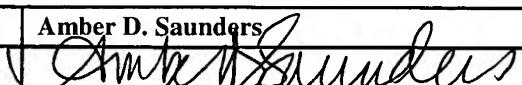
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> PTO/SB/08<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Basic Filing Fee<br><input type="checkbox"/> Declaration/POA<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s)<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> return receipt postcard |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                         |

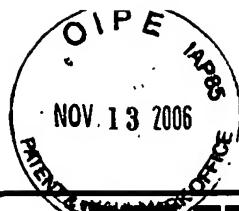
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                                                                                     |
|-------------------------|-------------------------------------------------------------------------------------|
| Firm or Individual name | Angelo J. Gaz, Reg. No. 45,907<br><br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP        |
| Signature               |  |
| Date                    | November 7, 2006                                                                    |

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

|                       |                                                                                     |
|-----------------------|-------------------------------------------------------------------------------------|
| Typed or printed name | Amber D. Saunders                                                                   |
| Signature             |  |
| Date                  | November 7, 2006                                                                    |



# FEES TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

|                      |                           |
|----------------------|---------------------------|
| Application Number   | 10/603,536                |
| Filing Date          | June 25, 2003             |
| First Named Inventor | Kalpesh Dhanvantrai Mehta |
| Examiner Name        | Behzad Peikari            |
| Art Unit             | 2189                      |
| Attorney Docket No.  | 42P16391                  |

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      **(\$)**      **0.00**

## METHOD OF PAYMENT (check all that apply)

Check    Credit card    Money Order    None    Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666   Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)    Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

|                    |    | Extra<br>Claims | Fee from<br>below | Fee Paid |
|--------------------|----|-----------------|-------------------|----------|
| Total Claims       | 26 | 26* = 0         | x 50.00 =         | \$0.00   |
| Independent Claims | 3  | 3* = 0          | x 200.00 =        | \$0.00   |
| Multiple Dependent |    |                 | =                 |          |

| Large Entity |          | Small Entity |          |                                                           |
|--------------|----------|--------------|----------|-----------------------------------------------------------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) | Fee Description                                           |
| 1202         | 50       | 2202         | 25       | Claims in excess of 20                                    |
| 1201         | 200      | 2201         | 100      | Independent claims in excess of 3                         |
| 1203         | 360      | 2203         | 180      | Multiple Dependent claim, if not paid                     |
| 1204         | 790      | 2204         | 395      | **Reissue independent claims over original patent         |
| 1205         | 300      | 2205         | 150      | **Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (1) |          |              | (\$)     | 0.00                                                      |

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity      Small Entity

| Fee Code            | Fee (\$) | Fee Code | Fee (\$) | Fee Description                                                  | Fee Paid |
|---------------------|----------|----------|----------|------------------------------------------------------------------|----------|
| 1051                | 130      | 2051     | 65       | Surcharge - late filing fee or oath                              |          |
| 1052                | 50       | 2052     | 25       | Surcharge - late provisional filing fee or cover sheet.          |          |
| 2053                | 130      | 2053     | 130      | Non-English specification                                        |          |
| 1251                | 120      | 2251     | 60       | Extension for reply within first month                           |          |
| 1252                | 450      | 2252     | 225      | Extension for reply within second month                          |          |
| 1253                | 1,020    | 2253     | 510      | Extension for reply within third month                           |          |
| 1254                | 1,590    | 2254     | 795      | Extension for reply within fourth month                          |          |
| 1255                | 2,160    | 2255     | 1,080    | Extension for reply within fifth month                           |          |
| 1401                | 500      | 2401     | 250      | Notice of Appeal                                                 |          |
| 1402                | 500      | 2402     | 250      | Filing a brief in support of an appeal                           |          |
| 1403                | 1,000    | 2403     | 500      | Request for oral hearing                                         |          |
| 1451                | 1,510    | 2451     | 1,510    | Petition to institute a public use proceeding                    |          |
| 1460                | 130      | 2460     | 130      | Petitions to the Commissioner                                    |          |
| 1807                | 50       | 1807     | 50       | Processing fee under 37 CFR 1.17(q)                              |          |
| 1806                | 180      | 1806     | 180      | Submission of Information Disclosure Stmt                        |          |
| 1809                | 790      | 1809     | 395      | Filing a submission after final rejection (37 CFR § 1.129(a))    |          |
| 1810                | 790      | 2810     | 395      | For each additional invention to be examined (37 CFR § 1.129(b)) |          |
| Other fee (specify) |          |          |          | SUBTOTAL (2)                                                     | (\$)     |

## SUBMITTED BY

Complete (if applicable)

|                   |                                                                                     |                                      |        |           |                |
|-------------------|-------------------------------------------------------------------------------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Angelo J. Gaz                                                                       | Registration No.<br>(Attorney/Agent) | 45,907 | Telephone | (310) 207-3800 |
| Signature         |  |                                      |        | Date      | 11/07/06       |



Attorney's Docket No. 042390.P16391

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kalpesh Dhanvantrai Mehta

Serial No. 10/603,536

Filed: June 25, 2003

For: **COMMUNICATION REGISTERS  
FOR PROCESSING ELEMENTS**

Examiner: Behzad Peikari

Art Unit: 2189

AMENDMENT AFTER ALLOWANCE UNDER 37 CFR 1.312(a)

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In connection with the above-identified patent application, Applicant respectfully requests entry of the following amendment, before payment of the issue fee, under 37 CFR 1.312(a).

IN THE SPECIFICATION

At the first line of page 3, please replace "SUMMARY OF THE INVENTION" with "DETAILED DESCRIPTION".

Please remove the "DETAILED DESCRIPTION" heading after line 10 of paragraph [0015] to create one combined paragraph [0015] as follows:

Various embodiments of the invention relate to communicating data between a number of processing elements of a signal processor, using a plurality of communication registers mapped into the address space of each processing element.